

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	<i>HS</i>		<i>7/11/00</i>
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>		<i>10</i>	<i>7-14-00</i>
<b>RESPONSE FORMALITY REVIEW</b>	<i>CM</i>	<i>71632</i>	<i>8/29/00</i>

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
1	
2	✓ ✓
3	✓ ✓
4	✓ ✓
5	✓ ✓
6	✓ ✓
7	✓ ✓
8	✓ ✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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